



APPLICATION FOR PLUMBING PERMIT

OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington

152 Elm Street

Stonington, Connecticut 06378

(860) 535-5075 • Fax (860) 535 - 1023

Plumbing Permit # _____

Date: _____ Estimated Cost: _____ Fee: _____

Location of Property: _____

Owner of Property: _____

New Building _____ Existing Building _____ Septic Tank _____ Sewer _____

Intended Use of building _____

Number of	Sinks	Basins	Bath Tubs	Water Closets	Showers	Dishwasher	Washing Machine	Water Heater
Cellar/Basement								
1 st Floor								
2 nd Floor								
Other								

Description of work: _____

I hereby certify that the proposed installation will conform to the applicable codes of the State of Connecticut and the Town of Stonington.

Master Plumber: _____ Company Name: _____
Print name

Address: _____

Phone Number: _____ License Number _____ Expiration Date: _____

Master Plumber: _____
Signature

Approved: _____
Town Building Official

Date: _____